

FILED NOV 12 1943  
Registration District No. **157**

Primary Registration District No. **3028**

Registrar's No. **204**

1. PLACE OF DEATH:

(a) County **Jasper**  
(b) City or town **Carthage**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**321 W. Fifth Street**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **50 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Eliza Jane Leggett**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widowed**

6. (b) Name of husband or wife **George Leggett** 6. (c) Age of husband or wife if alive **- -** years

7. Birth date of deceased **September 16 1866**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>77</b>	<b>1</b>	<b>9</b>	hr. min.

9. Birthplace **Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business **None**

MOTHER FATHER { 12. Name **Alexander Hanson Lucas**

13. Birthplace **Illinois**  
(City, town, or county) (State or foreign country)

14. Maiden name **Catherine Sheridan**

15. Birthplace **Ireland**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Pessie K. Smith**

(b) Address **Wyoming**

17. (a) **Burial** (b) Date thereof **Oct. 30, 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Park Cemetery**

18. (a) Signature of funeral director **Knell Mortuary**

(b) Address **Carthage, Missouri**

19. (a) **Oct 29 1943** (b) **Elizabeth Coupler**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**  
(c) City or town **Carthage**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **321 W. Fifth Street**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **- - -**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **25**  
year **1943** hour **5<sup>00</sup>** minute **P.M.**

21. I hereby certify that I attended the deceased from **19** to **19** and that I last saw him **did not see her alive** alive on **19** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Sclerosis**

Due to **940**

Due to **940**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur?..... (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury **Coronary**  
23. Signature **P. H. Webster** (M. D. or other)  
Address **Carthage, Mo.** Date signed **Oct 26 1943**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

48-10-919

MAY 24 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Emm R. Stuebel*

Licensed Embalmer No. *391*

P. O. Address *Carthage*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.